## STATEMENT OF

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FORM 1	ORGA	NIZATION	20 3 DEC 11 AM 7: 42
1. NAME OF COMMITTEE (in full)		Example: If typing, type over the lines.	FEC MAIL CENTER 12FE4M5
Cohn for Congress	3		
ADDRESS (number and	street) 7903 Hampton Lake Drive	3	
☐(Check if address is changed)	Tampa CITY	FL 33647 STATE ZIP CODE	· .
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-ma	ail address)	D. 10 0. 11
(Check if address is changed)	achon@tampabay.rr.com	- ACOHN D GHNFOR G	SNIGHTSS. WM
COMMITTEE'S WEB P	AGE ADDRESS (URL)		
Check if address in changed)	www.cohnforcongress.com	n	
2. DATE 11/	/29/2013		
3. FEC IDENTIFICAT	ION NUMBER C C005485	537	
4. IS THIS STATEME	NT NEW(N) OR	∏AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of m	y knowledge and belief it is true, corre	ect and complete.
Type or Print Name of T	reasurer Bob Friedman	1	
Signature of Treasurer	Bob Friedman	Date	11/29/2013
NOTE: Submission of	false, erroneous, or incomplete information may se ANY CHANGE IN INFORMATION SHO	ubject the person signing this Statement to the ULD BE REPORTED WITHIN 10 DAYS.	e penalties of 2 U.S.C 437g.
Office Use Only	Fed Toli	further information contact: leral Election Commission -free 800-424-9530 al 202-694-1100	FEC FORM 1 (Revised 02/2009)